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Applicant:

Olsen, et al

For:

Communication System with Multi-Beam Communication Archivelegy Center 2600

Art Unit:

2686

Examiner:

Perez Gutierrez

Response to Office Action Mailed 8/10/2004

Marled 10/9/2004

Commissioner for Patents PO Box 1450 Alexandria VA 22313-1450

In response to restriction requirement in the above identified office action, Applicants elect Group I, Claims 1-22.

Respectfully submitted

John R. Ross

Regis. No.: 30,530

PO Box 2138

Del Mar, CA 92014

858-755-3122

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number @TRADES! TRANSMITTAL Filing Date First Named Inventor **FORM** Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** Request for Refund **Express Abandonment Request**

CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The first of the second of the 27 6 3997 909 19902 64 2011 782 1983 Reply to Missing Parts/ ्र समुद्रम्य १.५ (घ्रास्ट के स्टब्र 🛊 Incomplete Application ് പ്രസ്ത്രിക്ക് പ്രസ്ത്രീട്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് പ്രസ്തരം പ്രസ്ത്രീട്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ദ്ധം വിവര്ഷ്ട് വിവര്ഷ്ട് വിവര്ഷ്ട പ്രസ്തരം പ്രസ്തരം വിവര്ഷ്ട് Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Date Reg. No. 30

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